

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

(1) Keyin Dixon 154239 (Name of Plaintiff) (Inmate Number)	; ;
Delaware Connectional Center 1181 Paddock Road	:
(Complete Address with zip code)	05-756
(2)	<u> </u>
(Name of Plaintiff) (Inmate Number)	: (Case Number) : (to be assigned by U.S. District Court)
(Complete Address with zip code)	: :
(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)	
vs.	: CIVIL COMPLAINT
(1) Wander Thomas Carrell	: :
(2) WARDEN Thomas CARROLL	:
(3) Captain Janet Henry	: • • Jury Trial Requested :
(Names of Defendants) (Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)	: : :
I. PREVIOUS LAWSUITS	
including year, as well as the name of the judicial o	while a prisoner, please list the caption and case number fficer to whom it was assigned:
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OCT 2 8 2005	
U.S. DISTRICT COURT DISTRICT OF DELAWARE	

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? •• No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No
- C. If your answer to "B" is Yes:
 - 1. What steps did you take? Classification Disciplingary Actions not

 Serb sected to garevance Rode dure Naitlen Commissioner Taylor

 And Whadow thomas Carnoll

 2. What was the result? I did not receive my Response only

 From Security Chief which Attached.
- D. If your answer to "B" is No, explain why not:

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Stanley Taylor

 Employed as Commissioner at Department of Concertion

 Mailing address with zip code: 245 McKee Road

 Dover Delawane 19904
- (2) Name of second defendant: Thomas Chroll

Employed as WARDEN at Delaware Consectional Center

Mailing address with zip code: 1(81 Paddock Kond

SMYRNA De. 19977

(3) Name of third defendant: Janef Henry

Employed as CAPTAIN at DelAure Connecting Center

Mailing address with zip code: 1/8/ Paddock Road

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

4. J. JACKSON

Chairman Institution classification Committee Delaware Connectional Center 1181 PADSON ROAD SMYRNA, Delaware 19977

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

part of June 2003 Suppored to Sometype Altercated with Another wmate myself to building 21 per order of Capt JanetHenry We have never been citail for my dule infractions I have been locked in room 195 hours per Week 3 hours manyal Illness And This anit not were individualinitar my problems riften Disciplinary of Greats/LT B. Williams pagaesting Representation Never secepted Kerporse. I have whiteweach of The detendant each squared passevering. Detendant Jackson stated 2. ed IN this and thesed on Alterentian in June 2005. I have a provided anything in Waiting economic man type. Provided anythere hearing. I've had to have immate i matter, due to edeational any mental history spice I have Never Allegal to been involved with moved pack to intingary. Since being bekel in this unit, which not mental hearth only necessed Prycharte medications Treating me in Paritive manner viblation of equal protection due process FACT multi- Disciplinary Term (MDT) of this building recommended to defendants, be removed from this building the other defendant ignored the motand my personal communications There is not may valied on documented reason For this headment. Could not secure may Assistance From law library, only will send cases to building IF name Known

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I I moned rely moved Frage Building I to either Security level accorded by Department Salvent Electron Security Revelor Special Needs unit Counsel be Assigned Complaint Filed by Another inmote law library would not Assist and Cannot parpare my self.

2.	Kestome Order Temperary injurie two housing
	Kestong Order Temperary insame two housing insmates with his lay of mental Problems In
	either Secarity Housing Unito (Sha) on Matti
	either Security Howing Units (Sha) on Matti Housing units (MHU), Paior Approval of Psy-
	Cheathre.
3.	Paritive damages in amount of 25,00 perday For eachday housed in building 1 From each detendant
	For eachday housed in building 21 From each defendant
	Reliet Court deem proper and just.
	Reliet Court deem proper and just

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Oct day of 231d	_, 2005
Kevin D. Deson Is (Signature of Plaintiff 1)	
(Signature of Plaintiff 2)	
(Signature of Plaintiff 3)	

U.S.



Clark of the Court

(wited States District Court
Signs Faderal Burbling
8414 King Tract
(Wilmingky DE)
(986)

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1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977